CONGRESSIONAL RECORD—HOUSE

June 27, 2001

75 million people a year, and most of them will live in the world's poorest countries.

If current trends continue, the result will be more abject poverty, environmental damage, epidemics, and political instability; and we are not such an isolated island of prosperity that we are not immune from the ramifications of the desperation.

From our own shores to the far reaches of the world, there is ample evidence that we have not been able to use our trade policies as effectively as we would like to address the negative impact of globalization which contributes to these great disparities between the privileged and impoverished.

□ 1845

Our failure to respond adequately to these problems is a moral dilemma that should be a pivotal part of our overall foreign assistance and international trade framework. Consider, for example, the plight of the seriously ill in the developing world. It is a testament to the failure of industrialized nations that 80 times more pharmaceutical products are sold in the much less populous west than on the entire continent of Africa.

Each year, 300,000 people in Africa develop sleeping sickness, and many of them die from this disease. It is a disease that we could conquer if we had the political will and the research will to do it, but we do not. We will apply more of our resources to cure bald American males than African children with sleeping sickness.

The most shocking global misallocation of health resources, of course, is the HIV/AIDS pandemic. AIDS is a global crisis which threatens the very government in every nation including the United States. This is not merely a health issue, this is an economic, social, political, and moral issue. AIDS has destroyed societies, destabilized governments, and has the potential to topple democracies. According to UNAIDS, nearly 22 million people have lost their lives, and over 36 million people today are living with HIV and AIDS. Fewer than 2 percent of them have access to life-prolonging therapies or basic treatment. The number of new infections of HIV is estimated at 15,000 every day, and it is growing. I am told that nearly a quarter of some of Africa’s armies are HIV positive.

In a year when President Bush has requested an $8 billion increase in spending over the current $320 billion defense budget, U.N. Secretary General Kofi Annan has called for a global AIDS trust fund to raise $7 billion to $10 billion a year to combat the pandemic. This is almost the same figure as the defense spending increase that we would be adding to a $320 billion budget. This has to be a joint effort among governments, private corpora-

tions, foundations, and nongovernmental organizations.

We already rank among the 22 OECD countries in terms of what we spend on foreign assistance, and we have got to spend more. It is in our interest as well as in the interest of the rest of the world. If we are going to maintain our position as the world’s superpower, the most prosperous Nation in the history of western civilization, then we have got to share our resources. If we do not, we are going to pay a price in the long run.

These are national priorities, and I hope that they get better addressed in our foreign assistance budget and in our national priorities generally.

THE NATURE OF THE BEAST

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. Davis) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, I rise today to add my voice to those who have been talking about support for a patient’s bill of rights. But, of course, Mr. Speaker, not just any patients’ bill of rights. I support the robust patients’ bill of rights sponsored by my esteemed colleagues, Mr. McCain, Mr. Kennedy, and Mr. Edwards. I am pleased to be here today to support the Ganske-Dingell in the House. I support the patients’ bill of rights that puts patients before profits and values human life over the bottom line.

The idea of a patients’ bill of rights is nothing new to this Congress. We have all listened to the rhetoric and we have all been involved in the debate. As a Member of Congress since 1986, I must say that it is interesting to see where this debate has gone. I find it worth commenting that the question we are now facing with is not so much whether or not we should pass a patients’ bill of rights but which version we should pass. In other words, we are all in agreement that patients need to be afforded an increased level of protection from the predatory tendencies of managed care organizations.

Rather than immediately delve into the particulars of why we should prefer one version over another, I believe it is instructive to take a step back for a moment and look at the concept of a patients’ bill of rights in the first place. The very fact that we need a patients’ bill of rights, an idea I remind my colleagues that we all are in support of, implies the presence of an injurious element within our health care system. The simple fact that we are debating this idea means that each one of us, on some level, acknowledges the basic reality that the interests of managed care organizations tend to be adversarial to the interests of patients.

I believe that the debate over which patients’ bill of rights to accept can be resolved only by looking more closely at the nature of the beast. Too often I believe we talk about solutions without fully understanding the problem. I believe that with a careful examination of the means and motives by which managed care organizations make money, off the pain and suffering of patients, the answer to the question of which patients’ bill of rights is the real patients’ bill of rights becomes self-evident.

Now, what is it about managed care that is so inherently evil? Well, let me just quote one thing that Milton Friedman, a well-known advocate of free market economics, said. “Few trends could so thoroughly undermine the very foundation of our free society as the acceptance by corporate officials of a social responsibility other than to make as much money for their stockholders as possible.” In other words, if we go by the dictates that managed care organizations live by, namely is it undesirable to take a patient’s well-being into account, it is simply unethical to do so. Any motive other than profit is extraneous and inappropriate.

Now obviously, this narrow-minded approach has put us in the situation that we are currently in. And I would suggest, Mr. Speaker, that we simply take stock of where we are as a country with a health care delivery system, put patients before profits, make sure that patients and their physicians have the opportunity to collaborate, to make decisions and determinations about the kind of treatment they should receive, and not some bureaucracy or clerk sitting in an office. That is the only real way to do it.

So I would urge all of my colleagues and all of America to really support the Ganske-Dingell bill so that patients can have real rights, and that is the right to be involved, the right to say what happens to us, on some level, acknowledges the basic reality that the interests of managed care organizations tend to be adversarial to the interests of patients.

HONORING THE NATION’S PREMIER LATINA LABOR LEADER, DOLORES HUERTA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. Solis) is recognized for 5 minutes.

Ms. SOLIS. Mr. Speaker, I rise today to honor one of our Nation’s premier Latino labor leaders, Dolores Huerta.

Growing up in a predominantly Latino neighborhood in Southern California, I often looked to my community leaders for lessons in how to live and how to treat other people. One of the most influential role models continued to be Dolores Huerta, a preeminent civil rights leader who has fought for the right of all workers to be unforced into labor for more than 40 years.

Born in Dawson, New Mexico, on April 10, 1930, Dolores Huerta was